

**To the lasting memory of  
Dr.Amin Afify  
An extraordinary kind, decent and supportive  
physician**

## **PART1**

### **MCQs Questions**

#### **Introduction**

#### **Test-Taking Tips**

**\*Obviously, all of us are fairly good at test taking, or we never would have made the long journey through college and medical school. But it is always helpful to review some of the basics. The following are some general guide for taking the in-training, board, and examinations.**

#### **\*Prepare for the Examination**

- Choose healthy foods, especially the night before the test.**
- Adequate sleep is imperative as you prepare for any test**
- Anxiety is a natural response when faced with a test situation. The important thing is to not let anxiety affect your performance deleteriously. Remember that a little anxiety is usually good for you and helps to improve your performance.**

#### **\* Structure of the In-Training Examination:**

**The entire test is now single-best-answer multiple-choice questions; each question has four or five options for each question.**

#### **\* Tips for the Actual Test**

- Read the questions and answers carefully.**
- Eliminate answers that you know are incorrect to improve your guessing odds.**
- Analyze similar answers carefully.**
- Try to anticipate the answer before reading the choices.**

- Guess if you don't know the answers.
- Revise your answers if time allows.

**Good luck**

### **MCQs Questions**

#### **Internal Medicine:**

[Q1] A 54-year-old woman presents to you with back pain that began 2 days ago when she was bending over cleaning her bathtub. She felt something stretch in her back and severe pain, which is now radiating down the back of her right leg. It is made worse by sneezing or coughing or slight fecal incontinence. On physical examination, there is loss of lumbar lordosis. Sensation and strength in the legs are intact. The straight leg-raising test is positive on the right. After prescribing an analgesic for her pain, which one of the following should be done for this patient?

- X-ray of the lumbar region of the spine.**
  - MRI of the spine in the lumbar region.**
  - Bed rest at home.**
  - Referral to physical therapy for lumbar traction.**
  - Continued activity as tolerated.**
- 

[Q2] A 56-year-old woman who has had diabetes mellitus for 12 years presents for evaluation. Her body mass index is 27 kg/m<sup>2</sup>. She is taking glyburide 2.5 mg twice a day. Her hemoglobin A1C level ranged from 6.8% to 7.5% during the first 7 years of her diabetes, but over the past 6 months these values have increased progressively to 8.0% and now 8.5%, while measurements of her fasting plasma glucose have been greater than 200 mg/dL and postprandial measurements range from 250 to 350

mg/dL. She is refusing to take insulin because her mother had a gangrenous leg after taking insulin. The best therapy for this patient is:

- A. Discontinue glyburide and initiate metformin.
- B. Discontinue glyburide and initiate a thiazolidinedione (a "glitazone").
- C. Continue glyburide and add metformin.
- D. Continue glyburide for 3 months and repeat measurement of hemoglobin A1C.
- E. Continue glyburide and add acarbose.

[Q3] A 42-year-old woman presents because of “chronic fatigue.” She has a stressful domestic situation as the mother of two teenagers and has recently taken a new job. Among the results of laboratory tests is random plasma glucose of 226 mg/dL.

**Which one of the following is the recommended best test to confirm the diagnosis of diabetes mellitus in this patient?**

- A. Fasting plasma glucose
  - B. Glucose tolerance test
  - C. Repeat random plasma glucose
  - D. Hemoglobin A1C
  - E. Fasting plasma insulin and fasting plasma glucose
- 

[Q4] A 26-year-old female has a 10-year history of type I diabetes mellitus. She has maintained strict glycemic control and has had no significant diabetic complications so far. On her last routine examination, her blood pressure is 125/78 mm Hg. Blood chemistry studies are within normal. Fundus examination reveals no evidence of diabetic retinopathy.

**Which of the following is the most appropriate next step in management to prevent diabetic nephropathy?**

- A. Periodic measurement of serum creatinine level**
  - B. Screening for macroalbuminuria with dipstick examination of urine**
  - C. Screening for macroalbuminuria with 24-hour urine collection**
  - D. Administration of ACE inhibitors**
  - E. Referral for renal biopsy**
- 

[Q5]A 45 year old man has symptoms of epigastric pain. He is on several medications. Which of the following medications may cause lower oesophageal ulcerations?

- A. Misoprostol**
- B. Cimetidine**
- C. Calcium D3**
- D. Salmeterol**
- E. Celecoxib**

[Q6]Which of the following laboratory tests would be most appropriate to guide therapy with warfarin for a patient with deep vein thrombosis?

- A. Bleeding time**
  - B. Clotting time**
  - C. Platelet count**
  - D. Prothrombin time (PT)**
  - E. Partial thromboplastin time (PTT)**
-

[Q7]A 35-year-old woman presents to your office with complaints generalized weakness and fatigue, facial pallor and excessive menstruation .Her Hb is 10.2 gm/dl & TSH is within normal. Which of the following is associating lab finding?

- A. Hyperchromic, macrocytic features
  - B. Elevated serum iron levels
  - C. increased total iron-binding capacity (TIBC)
  - D. Increased ferritin levels
  - E. normal bone marrow biopsy results
- .....

[Q8]A 30 year old woman presents with seizures, hypertension and malar –butterfly rash.

**Blood tests show: Hb 11 g/dl, WCC  $8 \times 10^9/l$ , platelets  $180 \times 10^9/l$ , urea 22 mg/l/dl, creatinine 0.6 mg/dl, ESR 100 mm/hr, CRP 25 mg/l (normal CRP 0-6mg/L).**

**What is the most likely diagnosis?**

- A. Systemic Lupus Erythematosus
- B. Anti GBM disease
- C. Multiple myeloma
- D. Wegener's granulomatosis
- E. Sickle cell disease

[Q9]During a routine precollege physical examination, a 17-year-old male is found to have a 2.0-cm right-sided thyroid nodule. He has no history of radiation exposure and no previous personal history or family history of thyroid disease. A detailed review of systems is unremarkable.

**On physical examination, his pulse rate is 62/min and regular, and his blood pressure is 110/70 mm Hg. Examination of the head, eyes, ears, nose, and throat is unremarkable. He has an easily visible and palpable right-sided thyroid nodule that measures approximately 2 cm in**

**diameter. There is no palpable adenopathy. Serum thyroid-stimulating hormone (TSH) 1.4 µU/mL (normal 0.5 to 5.0 µU/mL )**

**What is the best next step in the management of this patient?**

- A. Start therapy with thyroxine 150 µg/d, and reevaluate the nodule in 6 to 8 weeks.**
  - B. Re-examine the patient in 6 to 8 weeks.**
  - C. Refer the patient for fine-needle aspiration and biopsy of the nodule.**
  - D. Order CT scan of the neck to look for metastasis or lymph node involvement.**
  - E. Refer the patient for surgical removal of the nodule.**
- 

**[Q10] A 27-year-old woman, who works as a secretary in the outpatient department of a local hospital, has volunteered to undergo a thyroid ultrasound to demonstrate a new piece of equipment. The ultrasound shows a 0.5-cm solid nodule in the left lower pole of the thyroid gland. The patient has no previous personal history or family history of thyroid disease. She has no history of significant radiation exposure. She feels well. Her menstrual periods are regular. On physical examination, she appears well; her pulse rate is 64/min and regular, and her blood pressure is 110/70 mm Hg. Examination of the head, eyes, ears, nose, and throat is unremarkable, and there are no visible or palpable abnormalities of the neck. There is no adenopathy. Chest and cardiac examinations are unremarkable. Serum thyroid-stimulating hormone (TSH) 0.95 µU/mL (normal 0.5 to 5.0 µU/mL)**

**Which of the following would be the best course of action?**

- A. Refer the patient for ultrasound-guided needle biopsy of the thyroid nodule.**
- B. Measure serum T4 and antithyroid antibodies.**
- C. Order radioactive iodine (123I) uptake and scan.**
- D. Re-examine the patient and repeat the ultrasound in 6 months.**
- E. Start thyroid hormone therapy and adjust the dose to suppress TSH.**

[Q11]A 42-year-old woman presents to your office complaining of frequent sweating episodes, palpitations, nervousness, and sensitivity to heat with increased appetite and weight loss. The most likely diagnosis is

- A. hypothyroidism
  - B. menopause
  - C. Addison's disease
  - D. hyperthyroidism
  - E. Cushing's disease
- 

[Q12]A 38-year-old woman presents with an insidious onset of shortness of breath, chest pain and fatigue. Physical examination reveals enlarged cervical lymph nodes and scattered brown-red papules on the chin of tibia. A chest x-ray film shows bilateral pulmonary infiltrates and enlarged hilar lymph nodes.

**What is the most likely diagnosis?**

- A. Tuberculosis
  - B. Sarcoidosis
  - C. Cystic fibrosis
  - D. *Pneumocystis carnii* pneumonia
  - E. Acute respiratory distress syndrome
- 

[Q13]Which of the following conditions can be associated with thrombocytopenia?

- A. Chronic renal failure
- B. Polycythaemia rubra vera
- C. Sickle cell disease
- D. Thyrotoxicosis
- E. B12 deficiency

[Q14] A 22-year-old man presents with burning micturition and a milky urethral discharge for 3 days. A smear of the urethral discharge demonstrates gram-negative diplococci in neutrophilic granulocytes.

**Which of the following is the most appropriate treatment?**

- A. Amoxycillin
  - B. Doxycycline
  - C. Azithromycin
  - D. Ceftriaxone injection
  - E. Penicillin G injection
- 

[Q15] A 45-year-old man presents with respiratory difficulty and right chest pain. His temperature is 37.7 °C, Respiration is 24/ min and shallow. Chest examination reveals decreased tactile fremitus over the right hemithorax, with an extensive area of dullness to percussion and marked diminution of breath sounds on auscultation.

**What is the most likely diagnosis?**

- A- Bronchial asthma
  - B- Chronic obstructive airway disease
  - C- Bronchiectasis
  - D- Right pleural effusion
- 

[Q16] A 27- year -old woman presented with a one day history of fever, chills, vomiting and severe back pain. On examination, her temperature is 39.5 °C, with a blood pressure of 75/40 mmHg, and skin revealed a widespread erythrodermic rash centered mainly on the trunk. Further history taking revealed that the patient had removed a tampon shortly before presentation, as she had just ceased menstruating.

**What is the most likely diagnosis?**

- A. Haemolytic uraemic syndrome
- B. E. coli sepsis

- C. Fungal infection
  - D. Toxic shock syndrome
  - E. Meningococcal septicemia
- 

[Q17] Male patient 46-years-old. His BMI is 41kg/m<sup>2</sup> and he is complaining of repeated nocturnal cycles of sleep, obstructive choking lasting for more than 10 seconds and some for 1 minutes. What complication is this man exposed to?

- A. Hyperlipidemia
  - B. Diabetes mellitus
  - C. Restless legs syndrome
  - D. Migraines
  - E. Congestive heart failure
- 

[Q18] A 20-year-old otherwise healthy woman presents with cloudy urine, burning on urination, and urinary frequency. The patient has no allergies. Physical examination shows the temperature is 36 oC. She has mild suprapubic pain with palpation but no costovertebral angle tenderness. Urinalysis is positive for nitrates and leukocyte esterase. Which of the following is the most appropriate treatment?

- A. Hospitalize the patient and administer intravenous antibiotics.
- B. Administer macrolide-containing antibiotics on an outpatient basis.
- C. Administer sulfa-containing antibiotics plus phenazopyridine (Pyridium) on an outpatient basis.
- D. Advise the patient to increase fluid intake, especially with cranberry juice.
- E. Arrange for an intravenous pyelogram.

[Q19] Male patient aged 32 years working in a farm in El Amria and complain of fever 37.8 oC , cough , sore throat , body aches , headache , chills , diarrhea ,stuffy nose and fatigue two days ago and his cousin who came back from Europe 5 days ago and has the same complain. The most likely diagnosis is:

- A. Avian Flu.
- B. Swine Flu.

- C. Acute gastro-enteritis.
  - D. Acute streptococcal pharyngitis .
  - E. Acute bronchitis.
- 

[Q20]A 40- year-old man presented 14 days after return from a field trip to Sudan. complaining of high fever and rigors six days ago. Now, he become vague and confused. He had taken anti-malarials as prophylaxis before the trip, but he stopped using them when he found that Sudanese people did not take them.

On examination temperature is 40 oC, pulse rate 140 b/min, respiratory rate 28/ minute, and blood pressure 100/60 mmHg, dry mucous membranes, mild jaundice, pallor, splenomegaly and generalized crackles in both lungs.

Blood examination: Hb 6.5 g/dL, WCC  $2.5 \times 10^9/L$ , Platelet  $10 \times 10^9/L$ , bilirubin: 5 g/dL

Lactate dehydrogenase: 489 U/L (normal 100–225 U/L), Creatinine: 2.5 mg/dL

**What is the likely diagnosis?**

- A. Falciparum malaria
  - B. Leishmaniasis
  - C. Viral haemorrhagic fever
  - D. Tick bite fever
  - E. Endocarditis
- 

[Q21]A 40- year- old man with fever 40 oC, night sweats, vomiting and pain in the right upper quadrant. Blood tests reveal a raised white cell count **but not with normal eosinophil count**. A (CT) of his abdomen shows a large cyst in the liver.

**What is the likely diagnosis?**

- A. Hepatoma
- B. Amoebic liver abscess
- C. Aspergilloma
- D. Hydatid cyst

## E. Tuberculosis

>>>>>>>>>>>>>>>>>>>

[Q22] A 20-year-old man has recently returned from holiday in Spain. He has fever and a sore throat. Examination reveals palpable lymphadenopathy in the cervical and inguinal areas.

Hb: 11 g/dL

WBC: 12,000/ml<sup>3</sup>

Platelets: 145, 000/ml<sup>3</sup>

AST: 90 U/L

ALP: 280 U/L

CRP 110 mg/l

What is the likely diagnosis?

- A. CMV infection
  - B. Typhoid fever
  - C. Infectious mononucleosis
  - D. Yellow fever
  - E. Swine flu
- 

[Q23] A 55-year-old business executive presents to your office complaining of a 4-week history of daily headaches. He describes the headache as being more pronounced in the morning. Sometimes awaken him from sleep. Sometimes associated with vomiting. He has symptoms of increase intracranial tension. The most likely diagnosis is:

- A. Classic migraine headache
  - B. Cluster headache
  - C. Brain tumor
  - D. Sinus headache
  - E. Muscle tension headache
- 

## **II- Psychiatry**

[Q24]A 39-year-old man presents to you with his wife concerned that his neighbors are spying on him and devising ways to kill him. He states that the neighbors have inserted cameras in several rooms of his house to monitor his activities. He claims to hear them through the walls saying they are going to kill him.

**Which of the following is the most likely diagnosis?**

- A. Depression
- B. Anxiety disorder
- C. Bipolar personality
- D. Extra-pyramidal symptoms
- E. Schizophrenia

[Q25]You have seen a patient who has newly developed a muscle spasm causing his neck to twist uncontrollably to the left. The patient also had difficulty speaking and is upset. You have evaluated the patient's list of medications and concluded that his symptoms may be due to one of them.

**Which of the following medications is most likely responsible for the patient's symptoms?**

- A. Aspirin
- B. Digoxin

- C. Erythromycin**
- D. Metoclopramide**
- E. Fluoxetine**

[Q26] A 25-year-old man presents to you in the family health unit. You saw him several times for multiple somatic complaints. He asked for a sick leave after every visit to the center. Today he presents with a sore arm and difficulty using his hand. Physical examination of his arm does not show obvious injury or focal abnormalities, and x-ray of the arm is normal. The patient was offered ice, anti-inflammatory medications and information concerning the benign nature of his pain and to return back to his work, at which point he stated that his pain is too great for him to return work and he asked you for a sick leave for today.

**Which of the following is the most likely diagnosis?**

- A. Malingering**
  - B. Conversion disorder**
  - C. Factitious disorder**
  - D. Dissociative identity**
  - E. Rheumatoid arthritis**
- 

[Q27] A 25-year-old man presents to you in the family health unit. You have evaluated him many times before for multiple somatic complaints. He used to ask for a sick leave after every visit to the center. Today he presents with a sore arm and difficulty using his hand. Physical examination of his arm does not show obvious injury or focal abnormalities, and x-ray of the arm is normal. The patient was offered ice, anti-inflammatory medications and information concerning the benign nature of his pain and to return back to his work, at which point he stated that his pain is too great for him to return work and he asked you for a sick leave for today.

**What is the best course of action?**

- A- Offer him a sick leave**
- B- refer him to psychiatry OP clinic**
- C- Offer him a sick leave but notify his work authority**
- D- Do not offer him a sick leave and notify his work authority**
- E- Discuss openly the patient's agenda**

[Q28] A 32-year-old woman married and has one child of three years old. She came to the clinic complaining of six month amenorrhea. She doesn't use any contraceptive method and pregnancy test is negative. The physician prescribe (10 mg medroxyprogesterone acetate) for 10 days which led to withdrawal of bleeding. Which of the following is the most appropriate diagnosis for this woman?

- A. Premature menopause.
- B. Premature ovarian failure.
- C. Anovulation.
- D. Post pill amenorrhea.
- E. Hypothalamic dysfunction.

[Q29] A 30-year-old woman with Type 1 diabetes, present to the clinic because she is planning to get pregnant. Her Hb A<sub>1c</sub> is 5.7%, on gliclazide 80 mg bd. How would you manage her?

- A. Change gliclazide to glibenclamide 5mg bid.
- B. Continue present management.
- C. Increase gliclazide to 160 mg bd.
- D. Replace gliclazide with basal bolus insulin (Glargin).
- E. Replace gliclazide with Mixtard insulin bd.

[Q30] A 38-year-old woman married and has three children, come to the clinic complaining of white vaginal discharge with fishy odor over the past five days which flare few days before menses. She takes no medication. On examination Temperature 37.3, pulse 80 bpm, there are no erythema on the vulva or the vagina and PH of the vagina 5.5 What is the most appropriate diagnosis?

- A. Atrophic vaginitis
- B. Trichomonal vaginitis
- C. Candidal vaginitis
- D. Bacterial vaginosis
- E. Cystitis.

[Q31] A 31-year-old woman, married since four years, has one child of three years, come to the clinic complaining of secondary infertility, she was used intrauterine

contraceptive device for one and half years and hysterosalpingogram report reveals Right tubal block. Which of the following is the most likely to be associated with tubal disease?

- A. Trichomonas vaginalis
- B. Bacteroides species
- C. Chlamydia trachmatis
- D. Proteus species
- E. Treponema pallidum

[Q32]A 26-year-old woman comes to the clinic complaining of yellowish vaginal discharge, itching and burning sensation two days ago. She is on antibiotic medication for ten days for cystitis. Which of the following is the best line of treatment?

- A. Fluconazole
- B. Metronidazole
- C. Erythromycin
- D. Hydrocortisone
- E. Clindamycin

[Q33]A 26-year-old woman come to the clinic for annual regular follow up, she is asymptomatic. On ultrasonic imaging the physician saw intramural fibroid in the posterior uterine wall. Reassure the woman and give her instruction about the prognosis. Which of the following is the most common clinical presentation of uterine leiomyomata?

- A. Infertility

- B. Menorrhagia
  - C. Ureteral obstruction
  - D. Pelvic pain
  - E. Recurrent abortion
- 

[Q34]A 50-year-old woman come to the clinic complaining of post coital spotting, she has four children, and cigarette smoking. The physician refers her for Pap smear investigation which reveals cervical intraepithelial lesions. Which of the following is the risk factor for cervical cancer?

- A. Early age of coitus
  - B. Nulliparity
  - C. Obesity
  - D. Late menopause
  - E. Family history of cervical cancer
- 

[Q35]A 30-year-old G3P2, at 33 wks gestation come to the clinic complaining of passage of excess water from the vagina 3hrs ago, with no bleeding or abdominal pain. How will you treat this woman?

- A. Give oral antibiotic, 24 hrs follow up.
- B. Rest in bed and follow up after 48hrs.
- C. Induction of labour.
- D. Administration of corticosteroid.
- E. First dose antibiotic and refer.

## Answers Of MCQ Questions

category	Q No	Answer
Int med(rheum	1	B

Int med(DM	2	C
Int med(DM	3	A
Int med(DM	4	D
Int med(GIT	5	E
Int med(Heamat	6	D
Int med(Heamat	7	C
Int med(	8	A
Int med(indocrine	9	C
Int med(indocrine	10	A
Int med(indocrine	11	D
Int med(iautoimm	12	B
Int med(iHeamato	13	E
Int med(infectious	14	D
Int med(infectious	15	D
Int med(infectious	16	D
Int med(	17	E
Int med(infectious	18	C
Int med(infectious	19	B
Int med(infectious	20	A
Int med(infectious	21	B
Int med(infectious	22	C
Int med	23	C
Psychiatry	24	E
Psychiatry	26	D
Psychiatry	27	A

Obs/Gyn	28	C
Obs/Gyn	29	D
Obs/Gyn	30	D
Obs/Gyn	31	C
Obs/Gyn	32	A
Obs/Gyn	33	B
Obs/Gyn	34	A
Obs/Gyn	35	E

Taim.net